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CONFIRMATION NO. 4776

<b>SERIAL NUMBER</b> 10/808,561	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 711	<b>GROUP ART UNIT</b> 2187	<b>ATTORNEY DOCKET NO.</b> ASSIA 21.061
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/620,080 07/15/2003 and is a CIP of 10/620,080 07/15/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*ms*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
06/05/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>James R. Holden</i> Initials <i>SR</i>				

**ADDRESS**  
026304

## TITLE

Self healing memory

<b>FILING FEE RECEIVED</b> 631	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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